

PEDIATRIC

BASIC LIFE SUPPORT GUIDELINE

FOREIGN BODY AIRWAY OBSTRUCTION

The following guideline applies to an unconscious child or infant with a foreign body obstruction of the airway.

1. Ensure scene safety.
2. Perform a scene survey to assess environmental conditions and mechanism of illness or injury.
3. Form a general impression of the patient's condition.
4. Observe standard precautions.
5. Confirm that the patient is unresponsive.
6. Open the airway using a head tilt/chin lift.
7. Attempt assisted ventilation using a bag-valve-mask device with high-flow, 100% concentration oxygen. If unsuccessful, reposition airway and attempt bag-valve-mask assisted ventilation again.
8. Use age-appropriate techniques to dislodge the obstruction (for infants younger than one year, apply back blows with chest thrusts; for children one year and older, use abdominal thrusts).
9. Continue attempts to ventilate or dislodge the obstruction until successful. If unsuccessful, ALS intervention or continued attempts with rapid transport to ER is indicated.
10. Assess circulation and perfusion.
11. Assess mental status.
12. Expose the child only as necessary to perform further assessments. Maintain the child's body temperature throughout the examination.
13. Initiate transport. Perform focused history and detailed physical examination en route to the hospital if patient status and management of resources permit.
14. Reassess the patient frequently.
15. Contact medical direction for additional instructions.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.